



State of California—Health and Human Services Agency  
**Department of Health Services**



**ARNOLD SCHWARZENEGGER**  
Governor

January 30, 2004

## **California Children's Services (CCS) Approved Hospitals Provider Reimbursement Alert**

The Children's Medical Services (CMS) Branch, Provider Services Unit (PSU), is updating the list of CCS Approved Hospitals in preparation for the Enhancement 47 (E-47) implementation. **Your future participation in the CCS program, including reimbursement, depends on your prompt attention to completing and returning the enclosed form. Please return the completed form to the CMS, PSU, no later than March 1, 2004.** Failure to provide the requested information will result in an inability to reimburse for hospital services.

**Effective July 1, 2004, the Department of Health Services (DHS) will implement E-47, a project that will allow providers to electronically submit claims to the fiscal intermediaries, Electronic Data Systems (EDS), for services provided to CCS clients. When billing for dates of service authorized after July 1, 2004, providers must utilize their Medi-Cal provider number regardless of the CCS client's eligibility type.**

In an effort to ensure a smooth transition, it is imperative that we receive by March 1, 2004, the following information:

- All **active Medi-Cal provider number(s)** used for billing **outpatient** hospital services.
- All **active Medi-Cal provider number(s)** used for billing **inpatient** hospital services.

Please forward this information to:

**Mailing address:**

Aimee Yuki, PSU Analyst  
Department of Health Services  
Children's Medical Services Branch  
MS 8100  
P.O. Box 997413  
Sacramento, CA 95899-7413  
Or

**Fax number:** (916) 322-1842, Attention: Aimee Yuki, PSU Analyst

Or

**e-mail** to [ayuki@dhs.ca.gov](mailto:ayuki@dhs.ca.gov)

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Thank you in advance for providing us with this critical information needed for the E-47 conversion. Also, I want to express my appreciation for your continued participation in serving California's Children with Special Health Care Needs through the CCS program.

If you have any questions regarding this letter, please email Aimee Yuki, Provider Services Analyst, at [ayuki@dhs.ca.gov](mailto:ayuki@dhs.ca.gov) or call the CMS PSU main number at (916) 322-8702.

Maridee A. Gregory, M.D., Chief  
Children's Medical Service Branch

Enclosure

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**California Children's Services (CCS)**  
**Approved Hospital Information**

Hospital Name: \_\_\_\_\_

Hospital Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

<b>Active Medi-Cal <u>Outpatient</u> Billing Provider Number(s)</b>	<b>Active Medi-Cal <u>Inpatient</u> Billing Provider Number(s)</b>

\_\_\_\_\_  
**Hospital Representative** (Please print name on line above)

\_\_\_\_\_  
**Hospital Representative Signature**

\_\_\_\_\_  
**Date**